



Positive

Love

Worthy

Abundant 

Peace



Happy

Joy



Appreciation

Ease

Trust



Be

Negative



Anger-Hatred

Unworthy 

Lack - Struggle

Stress



Sad-Depressed

Guilt-Judge

Doubt-Fear



Gossip



Worry

Busy-Doing

Name: _____

Weight: _____ Body Fat %: _____

Date: _____ Goal: _____

Follow Up Appointment #1: _____

Follow Up Appointment #2: _____

Follow Up Appointment #3: _____

Protein One Serving Size: Flat Hand

- Chicken Breast
- Turkey Breast
- Ground Turkey
- Tilapia
- Salmon
- Tuna/Ahi Tuna
- Lean Ground Beef
- Filet Mignon
- Tri-tip Steak
- Top Round Steak
- Cottage Cheese
- Egg Whites
- Greek Yogurt
- Boca Meat substitute

Carbs One Serving Size: Clenched Fist

- Brown Rice
- Sweet Potato
- Whole Wheat Pasta
- Sprouted Grain Bread
- Cream of Wheat
- Low Sugar Granola
- Quinoa
- Yams
- Oatmeal
- Red Potato
- Beans
- Whole Grain Tortilla

Veggies One Serving Size: Unlimited

- Artichoke
 - Squash
 - Romaine Lettuce
 - Broccoli
 - Cauliflower
 - Cucumber
 - Celery
 - Green Beans
 - Green Peppers
 - Asparagus
 - Spinach
 - Zucchini
 - Kale
- (No Corn or Carrots)**

Recommended Healthy Fats

Avocado ▪ Fish Oil ▪ Olive Oil ▪ Coconut Oil
Unsalted Nuts ▪ Natural Peanut Butter ▪ Almond Butter

Recommended Condiments

Spray butter ▪ PAM ▪ Mrs. Dash ▪ Garlic powder
Red/Black pepper ▪ Sea salt
Low-Sugar BBQ sauce ▪ Low-Sodium Soy sauce
Balsamic Vinaigrette ▪ Smart Beat mayo
Mustard ▪ Splenda ▪ Stevia

There may be more, consult us with any questions!

*This information is not intended as a substitute for individual, professional advice or medical advice in diagnosing, treating or curing a health issue or disease. Please consult your doctor, health care provider, or other health care professional including a certified nutritionist before beginning a new diet, exercise or supplement regimen, especially if you have a pre-existing medical condition.

Time: _____ Meal 1

Supplements:

Time: _____ Meal 2

Supplements:

Time: _____ Meal 3

Supplements:

Time: _____ Meal 4

Supplements:

Time: _____ Meal 5

Supplements:

Time: _____ Meal 6

Supplements:

Pre-Workout:

Intra-Workout:

Post-Workout: